

PUBLIC RECORD REQUEST FORM

NAME:		PHONE NUMBER:		DATE:	
ADDRESS:		CITY:		STATE:	ZIP:
AGENCY NAME:	PHONE #:	FAX #:		E-MAIL ADDRESS:	

PLEASE NOTE: MANY PUBLIC RECORDS ARE IN STORAGE AND WILL NEED TO BE RETRIEVED FOR REVIEW AND FOR COPYING. THE CITY OF MARICOPA REQUESTS THAT A MINIMUM OF 3 BUSINESS DAYS BE PROVIDED TO ALLOW US TO RETRIEVE THE APPROPRIATE RECORD. IF THE CITY REQUIRES ADDITIONAL TIME THE REQUESTOR WILL BE ADVISED.

INDICATE WHETHER YOU WOULD LIKE TO:

- ☐ REVIEW THE REQUESTED DOCUMENTS
- ☐ OBTAIN PHOTOCOPIES OF THE REQUESTED DOCUMENTS
- ☐ WISH TO HAVE RECORDS E-MAILED TO YOU IF AVAILABLE
- ☐ WISH TO HAVE RECORDS FAXED TO YOU IF AVAILABLE

SPECIFICALLY DESCRIBE EACH DOCUMENT REQUESTED:

IF THE RECORD WILL BE USED FOR A COMMERCIAL PURPOSE, PLEASE STATE THAT PURPOSE. (ARS § 39-121.03)

I CERTIFY THAT ALL OF THE FOREGOING INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. I ALSO AGREE TO HOLD THE CITY OF MARICOPA, ITS AGENTS AND EMPLOYEES HARMLESS FROM ANY CLAIM, CAUSES OF ACTION OR OTHER LIABILITY THAT MAY ARISE AS A RESULT OF FURNISHING THESE DOCUMENTS TO ME OR AS A RESULT OF MY USE OR MISUSE OF THESE DOCUMENTS."

SIGNATURE: _____

DATE: _____

FOR OFFICE USE ONLY

DATE RECEIVED: _____ BY: _____

DATE PROCESSED: _____ BY: _____

☐ ENCLOSED IS THE RECORD YOU REQUESTED

☐ NO RECORD WAS FOUND BASED ON THE INFORMATION YOU PROVIDED

☐ OTHER _____

☐ REVIEWED BY REQUESTOR ON _____

☐ E-MAILED TO REQUESTOR ON _____

☐ PICKED UP BY REQUESTOR ON _____ TOTAL \$ _____

☐ FAXED TO REQUESTOR ON _____

